PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

duction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

red to respond to a collection of into	ormation unless it displays a valid OMB control number.			
Application Number	10/812,298			
Filing Date	March 29, 2004			
First Named Inventor	Matthieu Guitton			
Title	METHODS FOR THE TREATMENT OF TINNITUS INDUCED BY			
Art Unit				
Examiner Name				
Attorney Docket Number	AUR-2001US01			

I hereby a	anoint.					
1110100, =	рронк.	ſ				7
Prac	ctitioners associated	with the Customer Number:		4124	4	
OR						
Prac	ctitioner(s) named be	ow:				
		Name			Registration No	umber
						
						
					=	
<u> </u>						
as my/our	attorney(s) or agent(s Office connected the	s) to prosecute the application is	dentified above,	and to tran	nsact all business in	the United States Patent and
Haueman	Office confidence and	gewiii.				
Please rec	ognize or change the	correspondence address for the	he above-identifie	d applicat	tion to:	
∠ ,	he address associate	ed with the above-mentioned Cu	ustomer Number			
	110 6661000 65000	d with the above memorise s.	ustomor Hames.	•		
OR						
\Box	The address associate	ed with Customer Number:				
,	TIB auditess associati	ad with Customer Number.				
OR	_·	· - · · · · · · · · · · · · · · · · · ·				
	Firm or Individual Name	ı L				
Add						
Add	ress					
City				State		Zip
Cou	ntry					<u></u>
Tele	phone			Fax		
lam the:						
∠ A _l	pplicant/Inventor.		·			
	ssignee of record of ti	he entire interest. See 37 CFR	3 71			
S	tatement under 37 CF	FR 3.73(b) is enclosed. (Form F	PTO/SB/96)	_		
SIGNATURE of Applicant or Assignee of Record						
Name	Matthieu Guittor	1 .				
Signature		1. yush				
Date	Lune 191, 800				Telephone	
NOTE: Signation	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
*Total of _ * 1 forms are submitted.						

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the P 995, no persons are requir

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

<u>ed to respond to a collection of info</u>	rmation unless it displays a valid OMB control number.			
Application Number	10/812,298			
Filing Date	March 29, 2004			
First Named Inventor	Matthieu Guitton			
Title	METHODS FOR THE TREATMENT OF TINNITUS INDUCED BY			
Art Unit				
Examiner Name				
Attorney Docket Number	AUR-2001US01			

I hereby a	ppoint:					コ	
∠ Prac	ctitioners associated v	with the Customer Number:		41244	1		
OR			L			_	
Prac	ctitioner(s) named bel	low:					
	Name			Registration Number			
				_			
as my/our Trademark	attorney(s) or agent(s Office connected the	s) to prosecute the application erewith.	identified abo	ve, and to trans	sact all business in	the United States Patent and	
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number:							
OR							
	The address associate	ed with Customer Number:					
OR							
	Firm or						
	Individual Name						
Add							
Add				l Curu I			
City				State		Zip	
	phone			Fax			
I am the:	<u> </u>			I un			
[]	pplicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name	Jean-Luc Puel) ,		`			
Signature	No.						
Date		I June 19H	n 20c)4	Telephone 33	867 855 710	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Tota	*Total of1 forms are submitted.						

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Recurrence 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

red to respond to a collection of into	ormation unless it displays a valid OMB control number.
Application Number	10/812,298
Filing Date	March 29, 2004
First Named Inventor	Matthieu Guitton
Title	METHODS FOR THE TREATMENT OF TINNITUS INDUCED BY
Art Unit	
Examiner Name	
Attorney Docket Number	AUR-2001US01

I here	by appoint:						
V	Practitioners associated v	with the Customer Number: 41244					
(OR	ι				1	
	Practitioner(s) named below:						
		Name			Registration Nur	mber	
					_	<u> </u>	
							
as my Tradei	our attorney(s) or agent(s mark Office connected the	s) to prosecute the application is	identified abo	ve, and to tra	nsact all business in t	he United States Patent and	
	e recognize or change the	correspondence address for the	he above-ider	ntified applica	ation to:		
~	The address associate	ed with the above-mentioned C	ustomer Num	nber:			
	OR	ſ					
	The address associate	ad with Overtain North and					
L	The address associate	ed with Customer Number:		·-·· u· · · · · · · ·			
OR							
	Firm or Individual Name						
	Address						
	Address						
	City			State		Zip	
	Country Telephone			Fax		-	
l <u>am</u> t				1 4 1			
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name Remy Pujoh C							
Signature +3,3							
Date Telephone (0)4 67 41 59 02							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Total of forms are submitted.							

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.